



PUBLIC DEFENSE ADVISORY BOARD APPLICATION FORM

The King County Public Defense Advisory Board (PDAB) was created by the adoption of Ordinance 17678 on October 28, 2013. The Board regularly reviews the activities and plans of the Department of Public Defense, makes recommendations to the county public defender on matters concerning the department, advises the King County Executive and the King County Council on matters of equity and social justice related to public defense, prepares reports as required and recommends to the county executive candidates to fill the position of county public defender when there is a vacancy.

The first section of this application is to be completed by the organization recommending the candidate; the second section is to be completed by the candidate. We thank you for your interest in serving on the Public Defense Advisory Board to maintain high-quality public defense services in King County.

The recommending organization should return both portions of the form (organization and applicant) to the name and address on the last page of this form.

Individuals interested in serving on the PDAB will be required to complete a King County Ethics Program Financial Disclosure Form within two weeks of being nominated to serve on the PDAB.

TO BE COMPLETED BY THE RECOMMENDING ORGANIZATION

Organization Name:

Organization Contact:

First *Middle Initial* *Last*

Email Address:

Mailing Address:

Organization Mission:



PUBLIC DEFENSE ADVISORY BOARD APPLICATION FORM

Please indicate board seat for which you are recommending this candidate:

- | | |
|---|--|
| <input type="checkbox"/> Washington Association of Criminal Defense Lawyers | |
| <input type="checkbox"/> Washington State Office of Public Defense | |
| <input type="checkbox"/> Washington Defender Association | |
| <input type="checkbox"/> King County Bar Association | |
| <input type="checkbox"/> Minority Bar Association | |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Military Veterans | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Juvenile Justice | <input type="checkbox"/> Immigration |

Organization's reason for nominating this candidate for the Public Defense Advisory Board:



PUBLIC DEFENSE ADVISORY BOARD APPLICATION FORM

TO BE COMPLETED BY THE PUBLIC DEFENSE ADVISORY BOARD CANDIDATE
(A résumé may be submitted in lieu of submitting a completed application form)

Name – Please Print:

--	--	--

First

Middle Initial

Last

Preferred Phone Contact Number:

--

Preferred Phone Type (Home, work or cell):

--

Personal Email Address:

--

Preferred Mailing Address:

--

Physical Home Address (if different):

--

Current Employer:

<i>Job Title</i>	<i>Date of Employment</i>	
<i>Company Name</i>		
<i>Street Address</i>		

City

State

Zip

King County Council District:

--



PUBLIC DEFENSE ADVISORY BOARD APPLICATION FORM

Education (High School, College/University):

School Name

Year graduated or degree

Please describe your experience and expertise relative to the work of the Department of Public Defense:

--

I certify that I do not hold public office nor am I a candidate for public office other than precinct committee officer; I am not a King County judicial officer, a King County prosecuting attorney, a King County public defender, or an employee of the King County court; nor am I the King County prosecuting attorney or the King County public defender; I am available to accept an appointment to the King County Public Defense Advisory Board for a term not to exceed three years.

Signature

Date



King County

PUBLIC DEFENSE ADVISORY BOARD APPLICATION FORM

PERSONAL INFORMATION (OPTIONAL):

The King County Council and the King County Executive are committed to inclusiveness and outreach to all King County residents to ensure that King County boards and commissions are reflective of the community we serve. *Providing information in the section below is voluntary but will assist in achieving this goal.*

Race/Ethnicity:

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ African American/Black
- ☐ Hispanic/Latino
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White/Caucasian
- ☐ Two or more races

Generation:

- ☐ 30 or younger
- ☐ 31 to 41
- ☐ 42 to 52
- ☐ 53 to 63
- ☐ 64 to 74
- ☐ 75 or older

Do you have a disability as defined by the Americans with Disabilities Act (ADA)?

- ☐ Yes
- ☐ No

Orientation:

- ☐ LGBT

Gender:

- ☐ Male
- ☐ Female
- ☐ Transgender

Please return completed form to (we accept scanned copies of the signed application):

Anne Noris, Clerk of the Council
King County Council
516 3rd Ave, Room 1200
Mailstop: KCC-CC-1200
Seattle, WA 98104
Anne.Noris@kingcounty.gov

Dow Constantine, Executive
King County Executive Office
401 – 5th Ave, Suite 800
Mailstop: CNK-EX-0800
Seattle, WA 98104

This material is available in alternate formats for persons with disabilities.

**Please contact 206-263-9651, TTY Relay: 711, or
E-mail Rick.Ybarra@kingcounty.gov**